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SUBJ/U.S. NAVY COVID-19 STANDING GUIDANCE UPDATE 1//

REF/A/NAVADMIN/OPNAV/241900ZMAY21//  
REF/B/MEMO/OSD/12APR2021//  
REF/C/NAVADMIN/OPNAV/042044ZMAY21//  
REF/D/MEMO/OSD/04MAY2021//  
REF/E/DOC/NMCPHC/14MAY2021//  
REF/F/DOC/NMCPHC/19MAR2021//  
REF/G/NAVADMIN/OPNAV/251655ZJUN20//  
REF/H/MEMO/OSD/11JUN2020//  
REF/I/DHA-IPM 20-004/6MAY2021//  
REF/J/NAVADMIN/OPNAV/301952ZAPR21//  
REF/K/NAVADMIN/OPNAV/051532ZAPR21//  
REF/L/MEMO/OSD/06JUL2020//  
REF/M/NAVADMIN/OPNAV/071719ZJUL16//

NARR/REF A IS NAVADMIN 099/21, U.S. NAVY COVID-19 STANDING GUIDANCE.  
REF B IS USD P&R FORCE HEALTH PROTECTION (FHP) SUPPLEMENT 20 - DOD GUIDANCE FOR PERSONNEL TRAVELING DURING THE CORONAVIRUS DISEASE 2019 PANDEMIC AVAILABLE AT <https://www.defense.gov/Explore/Spotlight/Coronavirus/Latest-DOD-Guidance/>.  
REF C IS NAVADMIN 088/21, SARS-COV-2 VACCINATION AND REPORTING POLICY.  
REF D IS USD P&R FORCE HEALTH PROTECTION (FHP) SUPPLEMENT 16 REVISION 1 DOD GUIDANCE FOR DEPLOYMENT AND REDEPLOYMENT OF INDIVIDUALS AND UNITS DURING CORONAVIRUS DISEASE 2019 PANDEMIC AVAILABLE AT <https://www.defense.gov/Explore/Spotlight/Coronavirus/Latest-DOD-Guidance/>.  
REF E IS NAVY AND MARINE CORPS PUBLIC HEALTH CENTER U.S. NAVY FORCE HEALTH PROTECTION WITH CONSIDERATIONS FOR VACCINE EFFICACY.

REF F IS NAVY AND MARINE CORPS PUBLIC HEALTH CENTER DOCUMENT ASSESSING REAL COVID-19 RISK.

REF G IS NAVADMIN 178/20, COVID-19 TESTING.

REF H IS USD P&R FHP SUPPLEMENT 11 GUIDANCE FOR CORONAVIRUS DISEASE 2019 SURVEILLANCE AND SCREENING WITH TESTING.

REF I IS THE DEFENSE HEALTH AGENCY-INTERIM PROCEDURES MEMORANDUM ON THE DEPARTMENT OF DEFENSE CORONAVIRUS DISEASE 2019 VACCINATION PROGRAM IMPLEMENTATION.

REF J IS NAVADMIN 086/21, UPDATED GUIDANCE TO COMMANDERS ON ADJUSTING HEALTH PROTECTION CONDITIONS AND BASE SERVICES DURING COVID-19 PANDEMIC (CORRECTED COPY).

REF K IS NAVADMIN 073/21, NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK UPDATE 7 (CONDITIONS-BASED APPROACH TO COVID-19 PERSONNEL MOVEMENT AND TRAVEL RESTRICTIONS).

REF L IS OSD MEMO ON ASSURING ALLIES AND PARTNERS REGARDING US FORCE DEPLOYMENTS IN A CORONAVIRUS DISEASE 2019 ENVIRONMENT.

REF M IS NAVADMIN 158/16, SOVEREIGN IMMUNITY POLICY.//

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USN.NCR.BUMEDFCHVA.MBX.BUMED-2019-NCOV-RESPONSE-CELL(AT)MAIL.MIL.

RMKS/1. THIS MESSAGE UPDATES PARAGRAPH (7) IN U.S. NAVY COVID-19 STANDING GUIDANCE. REF (A) IS CANCELLED. WITH MORE THAN A YEAR OPERATING IN THE COVID-19 ENVIRONMENT, OUR SAILORS, CIVILIANS AND CONTRACTOR PERSONNEL HAVE ASSUMED PERSONAL RESPONSIBILITY AND GAINED SIGNIFICANT EXPERTISE IN MITIGATING AND PREVENTING THE SPREAD OF THE DISEASE AS DEMONSTRATED BY ACHIEVING THE LOWEST SERVICE COVID-19 CASE COUNT AND HIGHEST VACCINATION RATES.

WE MUST CONTINUE TO PURSUE FULL VACCINATION AND APPLY BEST HEALTH PROTECTION MEASURES BOTH AT HOME AND AT WORK TO SUSTAIN AND IMPROVE UPON THIS PERFORMANCE. COMMANDING OFFICERS ARE ULTIMATELY RESPONSIBLE FOR THE HEALTH PROTECTION OF THEIR CREWS AND SHOULD APPLY THE GUIDANCE PROVIDED BELOW TO BEST FIT THEIR SPECIFIC OPERATIONAL SITUATION SUPPORTED BY THE MEDICAL COMMUNITY AND GUIDED BY THEIR CHAIN OF COMMAND. IN THE ABSENCE OF OPNAV OR DEPARTMENT OF DEFENSE (DOD) GUIDANCE, FOLLOW THE CENTERS FOR DISEASE CONTROL (CDC) GUIDANCE.

WIDESPREAD IMMUNIZATION, COMMAND ENGAGEMENT, CREW OWNERSHIP, AND INDIVIDUAL ACCOUNTABILITY ARE THE CORNERSTONES TO OUR SUCCESS TO DATE. HEALTH PROTECTION MEASURES SUCH AS VACCINATION, THE CREATION OF A BUBBLE, FACE COVERINGS, PHYSICAL DISTANCING, STAYING OUT OF THE WORKSPACE WHEN FEELING ILL AND AGGRESSIVE SPACE CLEANING ARE THE GREATEST INFLUENCERS TO PREVENT AND ISOLATE COVID-19. THE COVID-19 VACCINES AUTHORIZED BY THE U.S. FOOD AND DRUG ADMINISTRATION ARE SAFE, EFFECTIVE AND IN PARTICULAR, ARE VITAL TO PROTECTING RECIPIENTS FROM HOSPITALIZATION AND DEATH. COMMANDING OFFICERS SHOULD MAKE EVERY EFFORT TO EDUCATE THEIR CREWS ON THE IMPORTANCE OF VACCINATION AND FACILITATE OPEN DISCUSSIONS WITH MEDICAL PERSONNEL IF THERE ARE QUESTIONS. DOCUMENTED COVID-19 CASES AMONG IMMUNIZED PERSONNEL ARE VERY INFREQUENT AND ALL CASES HAVE BEEN MILD TO MODERATE.

CONSISTENT WITH REF (F), TO DATE NONE OF THE MORE THAN 230,000 FULLY IMMUNIZED NAVY AND MARINE CORPS MEMBERS HAVE BEEN HOSPITALIZED.

2. DEFINITIONS. COVID-19 CASE, CLOSE CONTACT, INFLUENZA LIKE ILLNESS (ILI), ISOLATION, QUARANTINE, TESTING (DIAGNOSTIC, SCREENING, AND SURVEILLANCE), AND OTHER DEFINITIONS ARE AVAILABLE ON THE CDC WEBSITE. THE FOLLOWING NAVY DEFINITIONS ARE PROVIDED:

2.A. PATIENT (OR PERSON) UNDER INVESTIGATION (PUI): AN INDIVIDUAL WITH SYMPTOMS OF COVID-19 WHO HAS A TEST RESULT PENDING OR WOULD HAVE BEEN TESTED HAD A TEST BEEN AVAILABLE. ASYMPTOMATIC INDIVIDUALS QUARANTINED DUE TO CLOSE CONTACT WITH A COVID-19 POSITIVE MEMBER ARE NOT CLASSIFIED AS PUIS. ASYMPTOMATIC INDIVIDUALS BEING TESTED FOR COVID-19 ARE NOT CONSIDERED PUIS WHILE AWAITING TEST RESULTS.

2.B. HIGH-RISK PERSONNEL: THOSE INDIVIDUALS, DESIGNATED BY A MEDICAL PROVIDER, WHO MEET THE CDC CRITERIA FOR INCREASED RISK OF SEVERE ILLNESS [HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/NEED-EXTRA-PRECAUTIONS/PEOPLE-AT-HIGHER-RISK.HTML](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html).

2.C. RESTRICTION OF MOVEMENT (ROM): GENERAL DOD TERM FOR LIMITING PERSONAL INTERACTION TO REDUCE RISK TO THE HEALTH, SAFETY AND WELFARE OF A BROADER COHORT. PERSONNEL EXECUTING A ROM ARE CONSIDERED TO BE IN A DUTY STATUS AND ROM PERIODS WILL NOT BE COUNTED AS LEAVE.

2.C.1. ROM-SEQUESTER: U.S. NAVY TERM FOR PREEMPTIVE SEPARATION OF FORCES TO REDUCE RISK OF INFECTION WHILE ATTEMPTING TO ESTABLISH A COVID-FREE BUBBLE.

2.D. BUBBLE: TERM FOR INDIVIDUALS, UNITS OR INSTALLATIONS THAT HAVE ESTABLISHED LOW PROBABILITY OF COVID-19 INFECTION DUE TO CREW IMMUNIZATION LEVEL AND/OR COMPLETION OF 14 DAY ROM-SEQUESTER FOR NON-IMMUNIZED INDIVIDUALS.

2.E. VACCINATED: AN INDIVIDUAL WHO HAS RECEIVED THE FIRST SHOT IN A SERIES OF TWO SHOTS OF COVID-19 VACCINE. WHILE NOT USED IN THE TRADITIONAL MEDICAL CONTEXT, THE TERMS VACCINATED AND IMMUNIZED WILL BE USED TO DIFFERENTIATE THOSE WHO HAVE RECEIVED PARTIAL OR FULL DOSES, RESPECTIVELY.

2.F. IMMUNIZED / FULLY VACCINATED: INTERCHANGEABLE TERMS FOR AN INDIVIDUAL WHO COMPLETED THE VACCINE SERIES AND IS CONSIDERED IMMUNE TWO WEEKS AFTER THE VACCINE SEQUENCE IS COMPLETE. IMMUNITY DURATION WILL BE GUIDED BY CDC, BUT IS NO LESS THAN SEVEN MONTHS FOR THIS STANDING GUIDANCE.

2.G. DEFERRED: AN INDIVIDUAL WHO WAS OFFERED AN AUTHORIZED VACCINE, BUT

DECLINED OR WAS UNABLE TO RECEIVE IT FOR ANY REASON. THESE INDIVIDUALS ARE ENCOURAGED AND ALLOWED TO CHOOSE, AT ANY TIME, TO RECEIVE THE VACCINE UNLESS MEDICALLY CONTRAINDICATED. AFTER RECEIVING A VACCINE DOSE, AN INDIVIDUAL WILL NO LONGER BE LISTED AS DEFERRED.

2.H. BUBBLE TO BUBBLE TRANSFER (B2BT): TERM FOR MOVEMENT OF UNITS OR

PERSONNEL FROM ONE BUBBLE TO ANOTHER VIA CONTROLLED MEANS. A WIDE VARIETY OF MODES OR MEANS OF TRANSPORTATION CAN BE USED FOR B2BT. THE KEY FACTOR IS THAT THE EVOLUTION IS CLOSELY CONTROLLED TO MINIMIZE RISK OF COVID-19 EXPOSURE TO BOTH INDIVIDUALS AND UNITS WHO HAVE NOT COMPLETED A ROM-SEQUESTER DURING TRANSFER.

2.I. HEALTH PROTECTION MEASURES (HPM): TERM FOR MEASURES TAKEN TO DECREASE RISK OF COVID-19 IN AN OPERATIONAL SETTING. THIS INCLUDES PHYSICAL DISTANCING, WEARING OF FACEMASKS, AND ENHANCED ENVIRONMENTAL CLEANING. FULLY IMMUNIZED INDIVIDUALS ARE NOT REQUIRED TO WEAR FACEMASKS OR PHYSICALLY DISTANCE FROM OTHERS. EXCEPTIONS ARE THAT FACEMASKS ARE STILL REQUIRED FOR ALL MEDICAL AND DENTAL PERSONNEL WHEN PROVIDING HEALTH CARE AND FOR ALL INDIVIDUALS UNDERGOING TRAVEL ABOARD PUBLIC TRANSPORTATION TO JOIN A CREW ALREADY UNDERWAY, REGARDLESS OF IMMUNIZATION STATUS.

### 3. CLOSE CONTACTS AND SYMPTOMATIC PERSONNEL.

3.A. CLOSE CONTACTS WHO HAVE BEEN FULLY VACCINATED AND INDIVIDUALS WHO HAVE TESTED POSITIVE IN THE PAST THREE MONTHS DO NOT NEED TO QUARANTINE. ASYMPTOMATIC PERSONNEL WHO ARE NOT IMMUNIZED AND ARE SUSPECTED OF EXPOSURE SHALL QUARANTINE IN ACCORDANCE WITH (IAW) CDC AND LOCAL MEDICAL GUIDANCE.

3.B. SYMPTOMATIC PERSONNEL REGARDLESS OF IMMUNIZATION STATUS SHALL FOLLOW LOCAL MEDICAL AND CDC GUIDANCE ON WHAT TO DO WHEN YOU ARE SICK.

3.C. A NON-IMMUNIZED PATIENT WITH SUSPECTED COVID-LIKE ILLNESS (CLI) OR ILI WHO HAS TESTED NEGATIVE FOR COVID-19 MAY RETURN TO WORK AFTER: (1) AT LEAST 24 HOURS AFTER THE RESOLUTION OF FEVER WITHOUT THE USE OF FEVER REDUCING MEDICATION; (2) IMPROVEMENT IN SYMPTOMS AND; (3) AT LEAST 10 DAYS SINCE THE ONSET OF SYMPTOMS. IMMUNIZED PATIENTS WITH SUSPECTED CLI/ILI SHOULD CONSULT THEIR MEDICAL PROVIDER BEFORE RETURNING TO WORK.

3.D. COVID-19 CASES MAY CONTINUE TO TEST POSITIVE FOR UP TO THREE MONTHS DUE TO THE PRESENCE OF PERSISTENT NON-INFECTIOUS VIRAL FRAGMENTS AND THEREFORE EXEMPT FROM TESTING PROTOCOL FOR THREE MONTHS FROM THE EARLIER OF SYMPTOM ONSET OR FIRST POSITIVE TEST. INDIVIDUALS WHO EXHIBIT NEW OR PERSISTENT SYMPTOMS DURING THAT THREE MONTH PERIOD SHOULD BE EVALUATED BY A MEDICAL PROVIDER.

3.E. OUTBREAK INVESTIGATION AND CONTACT TRACING WORKFORCE TRAINING. EACH COMMAND WILL MAINTAIN THE ABILITY TO EXECUTE CONTACT TRACING FOR ASSIGNED PERSONNEL BY HAVING AN APPROPRIATE NUMBER OF PERSONNEL TRAINED (NO LESS THAN TWO) BASED ON UNIT IMMUNIZATION LEVEL. NAVY E-LEARNING: CONTACT TRACING TRAINING FOR SAILORS AND MARINES CFHP-NMFSC-CTSM-01 OR TEST-OUT ASSESSMENT FOR CONTACT TRACING TRAINING FOR SAILORS AND MARINES CFHP-NMFSC-CTSMTA-01.

### 4. DEPLOYED OPERATIONS

4.A. PRE-DEPLOYMENT SCREENING. SCREENING FOR ALL PERSONNEL WILL CONSIST OF



AN ASSESSMENT OF EXPOSURE HISTORY, A REVIEW OF ANY PAST TESTING AND A THOROUGH EVALUATION OF THE MEMBERS RISK FACTORS FOR SEVERE ILLNESS FROM COVID-19. THE DECISION TO DEPLOY A HIGH RISK INDIVIDUAL MUST BE MADE, AT A MINIMUM, BY THE COMMANDING OFFICER IN CONSULTATION WITH MEDICAL PROVIDERS. MILITARY SEALIFT COMMAND (MSC) WILL MEDICALLY SCREEN CIVIL SERVICE AND CONTRACT PERSONNEL FOR DEPLOYMENT ON MSC VESSELS IAW EXISTING MSC INSTRUCTIONS AND CONTRACTS. IMMUNIZATION STATUS SHOULD BE PART OF THE DECISION TO DEPLOY HIGH RISK PERSONNEL ALONG WITH THE PERCENT OF THE UNIT IMMUNIZED, THE PROXIMITY TO AN MILITARY TREATMENT FACILITY (MTF) OR AFLOAT MEDICAL FACILITY WITH COVID THERAPEUTICS AND ICU CAPABILITIES, AND MEDICAL PROVIDER CONSULTATION.

4.B. PRE-DEPLOYMENT ROM-SEQUESTER. ROM-SEQUESTER IS NOT REQUIRED FOR IMMUNIZED INDIVIDUALS ATTACHED TO SHIPS OR SUBMARINES, NOR FOR IMMUNIZED INDIVIDUALS TRAVELING BY AIRCRAFT UNLESS OTHERWISE REQUIRED BY GCC AS MEANS OF RESPECTING HN LAW OR BY A MORE RESTRICTIVE DOD POLICY. FOR NON-IMMUNIZED INDIVIDUALS ONLY, 14-DAY ROM-SEQUESTER WITH TEST-IN AND TEST-OUT IS REQUIRED PRIOR TO DEPLOYMENT. DURING ROM-SEQUESTER, CONDUCT ENHANCED DAILY PERSONNEL MEDICAL SCREENING.

4.B.1. IAW REF (D), NON-IMMUNIZED PERSONNEL DEPLOYING OUTSIDE THE UNITED STATES NOT USING MILITARY/CHARTERED TRANSPORTATION WILL CONDUCT A 14-DAY ROM PRIOR TO DEPLOYMENT UNLESS COMBATANT COMMAND MANDATES IN-COUNTRY ROM. IAW REF (B), NCC MAY DELEGATE TO FIRST FLAG OFFICER/SES IN CHAIN OF COMMAND THE AUTHORIZATION TO REDUCE THIS ROM TIMELINE TO AS FEW AS SEVEN DAYS IF OPERATIONALLY NECESSARY WITH A NEGATIVE PCR TEST ADMINISTERED ONE TO THREE DAYS PRIOR TO EMBARKATION. INDIVIDUALS WHO HAVE HAD COVID-19 IN THE PAST THREE MONTHS ARE EXEMPT FROM ROM. IF TRAVELING OCONUS AND THE HOST NATION REQUIRES IN-COUNTRY ROM, CONUS PRE-DEPLOYMENT ROM-SEQUESTER IS NOT REQUIRED UNLESS THE HOST NATION OR COMBATANT COMMAND EXPLICITLY MANDATES BOTH. IMMUNIZED AND NON-IMMUNIZED PERSONNEL MUST CONSULT FOREIGN CLEARANCE GUIDANCE FOR MOST CURRENT REQUIREMENTS APPLICABLE TO ALL TRAVELERS, AVAILABLE AT [HTTPS://WWW.FCG.PENTAGON.MIL](https://www.fcg.pentagon.mil).

4.B.2. ROM-SEQUESTER CONDUCTED ASHORE REQUIRES ISOLATION PER CDC GUIDANCE (IDEALLY SEPARATE ROOM, NO SHARED BATHROOM). A SECOND TEST SHALL BE CONDUCTED ON OR AFTER DAY 14 FOR NON-IMMUNIZED PERSONNEL. A NEGATIVE COVID TEST RESULT IS REQUIRED TO EMBARK AN OPERATIONAL UNIT IF NON-IMMUNIZED, OR IAW WITH NCC APPROVED COMMUNITY CONOPS (E.G., SSN/SSBN).

4.C. UNDERWAY HEALTH PROTECTION MEASURES (HPM). BASED ON A YEAR OF EXPERIENCE AND EXTENSIVE MODELING BY NAVY AND MARINE CORPS PUBLIC HEALTH CENTER INCORPORATING BASELINE NATURAL IMMUNITY, COVID PREVALENCE AND VACCINE EFFECTIVENESS WHICH IS CONTAINED IN REFS (E) AND (F), RECOMMEND UNDERWAY HPM IMPLEMENTATION AS FOLLOWS:  
-- LARGE DECKS WITH MEDICAL CAPABILITY (LPD/LHD/LHA/CVNS) AFTER NON-IMMUNIZED INDIVIDUALS COMPLETE QUALITY 14 DAY PRE-DEPLOYMENT ROM AND HAVE A NEGATIVE PCR TEST PRIOR TO EMBARKING:

NCCS MAY RELAX HPM FOR ALL CREWMEMBERS ONCE UNDERWAY PROVIDED IMMUNIZATION RATE OF COMBINED CREW IS GREATER THAN 70%. IF IMMUNIZATION RATE IS LESS THAN 70%, NON-IMMUNIZED CREWMEMBERS MUST PRACTICE HPM FOR AT LEAST 14 DAYS UNDERWAY. IF NO CASES FOR AT LEAST 14 DAYS, THEN NCCS MAY RELAX HPM.

-- SMALLER SHIPS OR THOSE WITH LESS ON-BOARD MEDICAL CAPABILITY (LHD/LHA/LPDS WITHOUT FLEET SURGICAL TEAM OR BOARD CERTIFIED MEDICAL OFFICER EMBARKED), AFTER NON-IMMUNIZED INDIVIDUALS COMPLETE QUALITY 14 DAY PRE-DEPLOYMENT ROM AND HAVE A NEGATIVE PCR TEST PRIOR TO EMBARK: NCCS MAY RELAX UNDERWAY HPM FOR ALL CREWMEMBERS ONCE UNDERWAY IF CREW IMMUNIZATION RATE IS GREATER THAN 80% (DUE TO LESS ONBOARD MEDICAL CAPABILITY). IF IMMUNIZATION RATE IS LESS THAN 80%, NON-IMMUNIZED CREWMEMBERS MUST PRACTICE HPM FOR AT LEAST 14 DAYS UNDERWAY. IF NO CASES FOR AT LEAST 14 DAYS, THEN NCCS MAY RELAX HPM.

-- FOR ALL UNITS REGARDLESS OF TYPE WHEN NON-IMMUNIZED INDIVIDUALS HAVE NOT COMPLETED PRE-DEPLOYMENT ROM (E.G., LOCAL OPS, GROUP SAIL OR C2X): NCCS MAY RELAX UNDERWAY HPM FOR ALL CREWMEMBERS PROVIDED COMBINED IMMUNIZATION RATE IS AT LEAST 90%. IF IMMUNIZATION RATE IS LESS THAN 90%, NON-IMMUNIZED CREWMEMBERS MUST PRACTICE HPM FOR AT LEAST 14 DAYS UNDERWAY. IF NO CASES FOR AT LEAST 14 DAYS, THEN NCCS MAY RELAX HPM.

-- HPM MEASURES MAY BE TEMPORARILY RELAXED WHERE OPERATIONALLY NECESSARY.

-- IT IS ALWAYS GOOD PRACTICE FOR ALL CREWMEMBERS TO PRACTICE HPM WHENEVER PRACTICAL REGARDLESS OF VACCINATION STATUS TO HELP PREVENT A WIDE VARIETY OF SHIPBORNE DISEASES.

4.C.1. DISEASE SEVERITY AND VACCINES. GIVEN FDA AUTHORIZED VACCINES PROTECT AGAINST DISEASE SEVERITY, EVEN IN THE VERY SMALL PERCENT OF PEOPLE WHO MAY POTENTIALLY STILL GET COVID-19 INFECTION, THE RISK OF HAVING TO MEDEVAC AN IMMUNIZED COVID-19 INFECTED INDIVIDUAL IS EXTREMELY LOW. REDUCING THE LIKELIHOOD OF SEVERE ILLNESS IS A KEY OUTCOME MEASURE THAT SPEAKS TO THE ABILITY TO MAINTAIN OPERATIONS AT SEA WITHIN EXISTING MEDICAL CAPABILITIES.

4.D. PENETRATING A BUBBLE. SHIP RIDERS (E.G., CONTRACTORS, TECH REPS, INSPECTION TEAMS, ETC.), DIRECT SUPPORT PERSONNEL, AND ALL OTHERS ASSISTING COMMANDS PRIOR TO BUBBLE ESTABLISHMENT WILL ADHERE TO LOCAL FORCE HEALTH PROTECTION MEASURES. WHEN INVOLVED IN MOVEMENT TO SEQUENTIAL COMMANDS, IT MAY BE ADVISABLE TO ROM-SEQUESTER NON-IMMUNIZED COHORTS, USE BUBBLE TO BUBBLE TRANSPORTATION, AND/OR TEST NON-IMMUNIZED INDIVIDUALS PERIODICALLY. IMMUNIZED INDIVIDUALS ARE NOT REQUIRED TO ROM-SEQUESTER. NCCS MAY REQUIRE NON-IMMUNIZED SHIP RIDERS PENETRATING AN ESTABLISHED BUBBLE TO COMPLETE A 14-DAY ROM-SEQUESTER WITH TEST-IN AND TEST-OUT PRIOR TO EMBARKING DEPENDENT ON CREW IMMUNIZATION LEVEL.

A TEST IS NOT REQUIRED FOR PERSONNEL WHO HAVE RECOVERED FROM COVID-19 WITHIN THE PAST 90 DAYS (DUE TO THE POSSIBILITY OF PERSISTENT POSITIVE RESULTS IN NON-INFECTIOUS PERSONS).

IMMUNIZED PCS AND SHIP RIDERS WHO ARE ASYMPTOMATIC DO NOT NEED TO CONDUCT ROM PRIOR TO EMBARKING A SHIP. MITIGATION PLANS FOR NON-IMMUNIZED INDIVIDUALS TO PENETRATE AN ESTABLISHED BUBBLE WITHOUT A 14 DAY ROM-SEQUESTER AND/OR TEST DUE TO EMERGENT OPERATIONAL REQUIREMENTS MUST BE APPROVED BY THE COMMANDING OFFICER.

4.E. PORT VISITS. COMMANDING OFFICERS MAY ALLOW IMMUNIZED INDIVIDUALS ON UNITS MAKING PORT CALLS IN OVERSEAS SAFE HAVEN PORTS WHERE THERE IS U.S. PRESENCE AND BASE FACILITIES (E.G., GUAM, BAHRAIN, YOKOSUKA, ROTA, SASEBO) TO TAKE ADVANTAGE OF BASE SERVICES. GEOGRAPHIC NCCS (DELEGABLE TO NUMBERED FLEET COMMANDERS) WILL CONTROL FOREIGN PORT VISIT OFF-BASE LIBERTY FOR ALL INDIVIDUALS IN COORDINATION WITH COUNTRY TEAMS AND LOCAL AUTHORITIES TAKING INTO ACCOUNT INDIVIDUAL AND CREW IMMUNIZATION STATUS, COUNTRY COVID PREVALENCE AND MISSION REQUIREMENTS.

4.F. AIRCRAFT OPERATIONS. COMMANDERS MAY NEED TO EXEMPT AIRCREW AND AIRCRAFT MAINTAINERS FROM THIS GUIDANCE TO MEET EMERGENT OPERATIONAL OR NATOPS CURRENCY REQUIREMENTS. MITIGATION PLANS MUST BE APPROVED BY THE COMMANDING OFFICER. FOR AVIATION UNITS EMBARKED ON SURFACE UNITS, MITIGATION PLANS WILL BE INCLUDED AND APPROVED AS PART OF THE OVERALL SHIP HEALTH PROTECTION PLAN.

4.G. TESTING. TESTING IS THE ONLY METHOD TO DETECT ASYMPTOMATIC TRANSMISSION WITHIN THE NON-IMMUNIZED FORCE. CONSIDER SCREENING TESTS FOR NON-IMMUNIZED INDIVIDUALS DURING OFRP CYCLE TO IDENTIFY COVID-19 EARLY AND TO BREAK THE TRANSMISSION CYCLE. CONTINUOUSLY ASSESS THE INTEGRITY OF A BUBBLE THROUGH CLI/ILI SCREENING OF NON-IMMUNIZED PERSONNEL. PLATFORMS WITH TESTING CAPABILITY SHOULD EMPLOY SYMPTOMATIC TESTING (DIAGNOSTIC) FOR EVERYONE AND TARGETED CREW TESTING (SCREENING) FOR NON-IMMUNIZED SAILORS. ALL COVID-19 DIAGNOSTIC TESTS MUST BE ENTERED IN THE MEDICAL RECORD. SCREENING AND SURVEILLANCE TESTS THAT ARE INDIVIDUALLY IDENTIFIABLE MUST BE ENTERED INTO THE MEDICAL RECORD. DIAGNOSTIC POOLED TESTING UNDERWAY IS ALLOWED FOR MODERATE COMPLEXITY LABS USING BIOFIRE AND CEPHEID AND WILL ONLY BE CONDUCTED IN DIRECT COORDINATION WITH NAVAL HEALTH RESEARCH CENTER AND REQUIRES NOTIFICATION OF BUMED SURGEON GENERAL OR DEPUTY SURGEON GENERALS OFFICE BY THE FLEET SURGEON.

4.H. POST-DEPLOYMENT. IAW CDC GUIDANCE, NON-IMMUNIZED PERSONNEL RETURNING TO CONUS FROM DEPLOYMENT ARE REQUIRED TO HAVE A NEGATIVE VIRAL TEST RESULT NO MORE THAN THREE DAYS BEFORE TRAVEL INTO THE U.S.; BE TESTED 3-5 DAYS AFTER ARRIVAL AND STAY HOME AND SELF-QUARANTINE FOR SEVEN FULL DAYS, EVEN IF THE TEST IS NEGATIVE. POST DEPLOYMENT ROM AND TESTING IS NOT REQUIRED FOR PERSONNEL WHO HAVE RECOVERED FROM COVID-19 WITHIN THE PAST 90 DAYS (DUE TO THE POSSIBILITY OF PERSISTENT POSITIVE RESULTS IN NON-INFECTIOUS PERSONS), AND DOES NOT APPLY TO SHIPS, THEIR EMBARKED AIRCRAFT OR SUBMARINES RETURNING TO PORT PROVIDED THERE HAVE BEEN NO ACTIVE COVID-19 CASES OR POTENTIAL CONTACT WITH INFECTED PERSONNEL DURING THE LAST 14 DAYS OF DEPLOYMENT. NON-IMMUNIZED INDIVIDUALS WHO DO NOT GET TESTED MUST STAY HOME AND SELF-QUARANTINE FOR 10 DAYS AFTER TRAVEL. NON-IMMUNIZED SERVICE MEMBERS REDEPLOYING FROM, OR THROUGH, A FOREIGN COUNTRY, UPON ARRIVAL AT THE DESTINATION DOMICILE WILL ROM AT THEIR PERSONAL RESIDENCE (OR APPROPRIATE DOMICILE) FOR AT LEAST 10 DAYS WITHOUT TESTING OR AFTER AN APPROPRIATE RISK ASSESSMENT BY THE FIRST FLAG OFFICER IN THE CHAIN OF COMMAND FOR SEVEN DAYS WITH A NEGATIVE COVID-19 TEST WITHIN 48 HOURS PRIOR TO THE END

OF THE SEVEN DAY ROM. SERVICE MEMBERS REQUIRED TO ROM ARE RESTRICTED TO THEIR RESIDENCE AND MUST LIMIT CLOSE \CONTACTS FOR THE DURATION OF ROM.

4.H.1. IMMUNIZED PERSONNEL HAVE NO ROM OR TESTING REQUIREMENTS POST-DEPLOYMENT.

4.H.2. AT THE COMPLETION OF DEPLOYMENT, MILITARY PERSONNEL WILL COMPLETE A POST-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2796) AND POST-DEPLOYMENT HEALTH REASSESSMENT (DD FORM 2900) IAW REF (D).

5. ALL UNITS, STAFFS AND SHORE COMMANDS.

5.A. HPM. FOLLOW LATEST DOD FORCE HEALTH PROTECTION, CDC AND STATE/LOCAL AREA GUIDANCE TO ENSURE THE HEALTH OF THE FORCE.

5.B. SEE REF (J) NAVADMIN FOR LATEST GUIDANCE ON ADJUSTING HEALTH PROTECTION CONDITIONS AND BASE SERVICES.

5.C. SEE REF (K) NAVADMIN UPDATES FOR LATEST GUIDANCE ON CONDITIONS BASED APPROACHES TO PERSONNEL MOVEMENT AND TRAVEL RESTRICTIONS.

6. CIVILIAN EMPLOYEES. COMMANDERS MUST ENSURE ROM AND MEDICAL SCREENING GUIDANCE GIVEN TO DOD CIVILIAN EMPLOYEES CAN BE APPLIED CONSISTENT WITH APPLICABLE CIVILIAN PERSONNEL LAW, REGULATION, AND POLICY.

6.A. CONTRACTOR PERSONNEL. THIS GUIDANCE DOES NOT ALTER, MODIFY, OR CHANGE THE TERMS AND CONDITIONS OF ANY DOD CONTRACT. COMMANDERS MUST ENSURE ROM AND MEDICAL SCREENING GUIDANCE GIVEN TO DOD CONTRACTOR PERSONNEL CAN BE APPLIED CONSISTENT WITH THE PERTINENT CONTRACT AND APPLICABLE PROCUREMENT LAW, REGULATION, AND POLICY.

7. PROVISION OF CREW HEALTH INFORMATION, TESTING AND QUARANTINE. NCCS WILL MAKE EVERY EFFORT TO COMPLY WITH THE POLICY GUIDANCE IN REF (L) REGARDING HOST NATION COVID-19 QUARANTINE AND TESTING REQUIREMENTS FOR ARRIVING U.S. FORCES AND CIVILIAN PERSONNEL.

7.A. SOVEREIGN IMMUNITY. SOME COUNTRIES MAY REQUEST DETAILED INFORMATION ABOUT THE HEALTH OF THE CREW ONBOARD, INCLUDING TEST RESULTS, PROOF OF VACCINATION, ETC., AS A CONDITION OF ENTRY. IT IS DOD AND DEPARTMENT OF THE NAVY POLICY TO PRESERVE THE SOVEREIGN IMMUNITY OF WARSHIPS, NAVAL AUXILIARIES, AND SOVEREIGN IMMUNE AIRCRAFT, INCLUDING PROTECTING CREW INFORMATION, TO THE MAXIMUM EXTENT POSSIBLE. THE NAVY DECLARATION OF HEALTH (NAVMED 6210/3) IS THE ONLY AUTHORIZED MEANS FOR PROVIDING HEALTH INFORMATION OF THE CREW TO FOREIGN OFFICIALS. PROVIDING ANY INFORMATION BEYOND THE NAVMED 6210/3 AS A CONDITION OF ENTRY EXCEEDS THE U.S. REQUIREMENTS UNDER INTERNATIONAL LAW AND CONTRARY TO THE EXECUTIVE BRANCH POSITION. SHOULD A HOST NATION REQUIRE INFORMATION BEYOND THE NAVMED 6210/3 AS A CONDITION OF ENTRY, CONSULT WITH THE APPLICABLE GEOGRAPHIC NAVAL COMPONENT COMMAND (GNCC). SEE REF (M) FOR ADDITIONAL GUIDANCE.

7.A.1. COMMANDING OFFICERS, MASTERS, AND AIRCRAFT COMMANDERS SHALL COMPLY WITH ALL DOMESTIC AND FOREIGN QUARANTINE REGULATIONS FOR PORT ENTRY, AND MAY DOCUMENT SUCH COMPLIANCE ON THE NAVMED 6210/3. COMMANDING OFFICERS, MASTERS, AND AIRCRAFT COMMANDERS SHALL NOT PROVIDE ANY INDIVIDUAL OR COLLECTIVE MEDICAL DATA OR COPIES OF HEALTH RECORDS, NOR ANY SUPPLEMENTARY OR LOCALLY DEMANDED HEALTH FORMS, AND SHALL NOT GRANT ACCESS TO SHIP OR CREW HEALTH RECORDS OR ALLOW THE SAME TO BE SEARCHED OR INSPECTED BY HOST NATIONS.

7.A.2. SERVICE MEMBERS AND THE CREWS OF NAVAL AUXILIARIES WILL NOT SUBMIT TO HOST NATION COVID-19 TESTING AS A REQUIREMENT OF PORT ENTRY. NOR SHALL HOST NATION OFFICIALS BE PERMITTED TO REQUIRE PRODUCTION OF, OR TAKE A PHOTOCOPY OF, SERVICE MEMBERS PROOF OF VACCINATION AS A CONDITION OF PORT ENTRY.

7.A.3. ANY ACTION THAT MAY CONSTITUTE A WAIVER OR POTENTIAL WAIVER OF SOVEREIGN IMMUNITY MUST BE COORDINATED WITH OPNAV N3N5 PRIOR TO ACTION BEING TAKEN. IAW REFS (L) AND (M), AND NAVY POLICY, GNCCS SHALL PROVIDE AS LITTLE INFORMATION AS POSSIBLE IN ORDER TO MEET MISSION ESSENTIAL OPERATIONAL REQUIREMENTS AND SHOULD NOT SUBMIT TO ANY REQUIREMENT THAT THE U.S. WOULD NOT REQUIRE OF SIMILAR VISITORS (E.G., THE U.S. DOES NOT REQUIRE HN TESTING OR PROOF OF VACCINATION FOR THE CREWS OF VISITING WARSHIPS OR NAVAL AUXILIARIES). GNCCS WILL DETERMINE IN ADVANCE WHICH HOST NATIONS WILL REQUIRE SUCH INFORMATION AND SHIPS MAY BE DIVERTED AS NECESSARY, TO AVOID PROVIDING INFORMATION CONTRARY TO THESE REQUIREMENTS.

7.B. OPNAV STRONGLY DISFAVORS PERMITTING HOST NATION TESTING OF PERSONNEL. HOST NATION TESTING MAY NOT MEET U.S. HEALTH AND SAFETY PROTOCOLS, MAY UNNECESSARILY EXPOSE OUR PERSONNEL TO FOREIGN DATA COLLECTION, MAY PROVIDE UNVERIFIABLE AND/OR INACCURATE RESULTS, AND ESTABLISHES POOR PRECEDENT FOR FUTURE HEALTH EMERGENCIES. WHEN GNCCS DETERMINE THAT ACQUIESCING TO HN TESTING IS NECESSARY FOR MISSION ACCOMPLISHMENT, GNCCS WILL CONSULT WITH BUMED OR FORCE SURGEON TO ENSURE THAT SUCH HN TESTING MEETS ESTABLISHED INTERNATIONAL STANDARDS OF CARE. ADDITIONALLY, ACQUIESCING TO HOST NATION TESTING IS CONTRARY TO U.S. PRACTICE FOR SIMILAR VISITORS.

7.C. PERSONNEL EXITING THE PIER/AIRPORT FACILITY. IF REQUIRED TO EXIT THE PIER/AIRPORT FACILITY AND ENTER THE HOST NATION, THE GNCCS, IN CONJUNCTION WITH THE COUNTRY TEAM, MAY ASSERT THAT ONLY VACCINATED INDIVIDUALS WILL BE ALLOWED WITHIN THE HOST NATION, BUT MAY NOT PROVIDE THE PERCENTAGE OR TOTAL NUMBER OF THE CREW THAT HAS BEEN VACCINATED. OTHER ALLOWABLE MEASURES INCLUDE SUBMITTING TO A TEMPERATURE SCAN UPON ENTERING/EXITING THE PIER OR THE AIRPORT. THESE ASSERTIONS AND MEASURES SHOULD NOT BE ALLOWED FOR PERSONNEL SOLELY USING PIER/AIRPORT FACILITIES IN SUPPORT OF PORT VISITS (E.G., INSIDE AN ECP OR SAFE-HAVEN ARRANGEMENT) AND NOT ENTERING THE HOST NATION.

7.C.1. AIRCRAFT COMMANDERS SHALL COMPLY WITH FOREIGN CLEARANCE GUIDE REQUIREMENTS FOR ENTRY INTO THE HOST NATION (E.G., MOVING OUTSIDE OF AN ECP OR SAFE-HAVEN ARRANGEMENT).

7.C.2. U.S. WARSHIPS AND NAVAL AUXILIARIES. HOST NATION TESTING OF INDIVIDUALS FORENTRY INTO THE HOST NATION FOR MISSION ESSENTIAL OPERATIONAL REQUIREMENTS, BUT NOT LIBERTY, CAN BE APPROVED BY THE GNCC. SHIPS ENTERING A HOST NATION UNDER SUCH CONDITIONS SHOULD LIMIT THEIR SHORE PARTY TO MISSION ESSENTIAL PERSONNEL. GNCCS SHOULD MAKE EVERY ATTEMPT TO GAIN HOST NATION PERMISSION TO HAVE THE NAVY CONDUCT ONBOARD TESTING USING NAVY EQUIPMENT PRIOR TO ENTRY TO AVOID SUBJECTING U.S. PERSONNEL TO LOCAL HEALTH TESTING. GNCCS ACQUIESCING TO HN TESTING FOR MISSION ESSENTIAL OPERATIONAL REQUIREMENTS SHOULD NOTIFY OPNAV N3N5. NOTIFICATION SHOULD INCLUDE DESCRIPTION OF HN REQUIREMENTS.

OPNAV N3N5 APPROVAL IS REQUIRED PRIOR TO HOST NATION TESTING FOR QUALITY OF LIFE (LIBERTY) PORT VISITS. UNITS REQUESTING LIBERTY IN PORTS REQUIRING HOST NATION TESTING MUST ROUTE A REQUEST VIA THE CHAIN OFCOMMAND TO OPNAV N3N5. REQUESTS SHALL CONTAIN JUSTIFICATION FOR SELECTING A PORT REQUIRING HOST NATION TESTING, TESTING REQUIREMENTS OF THE HOST NATION, WHY AN ALTERNATE PORT IS NOT FEASIBLE, AND IMPACT TO MISSION IF THE REQUEST IS DENIED. REQUESTS SHOULD ALSO INCLUDE AN ASSESSMENT OF THE MEDICAL RISK, LEGAL RISK, COLLECTION AND PRIVACY RISK, ANTITERRORISM/FORCE PROTECTION RISK, MISSION RISK, AND COUNTRY TEAM COORDINATION. NOTIFICATIONS AND REQUESTS SHOULD BE SENT VIA RECORD MESSAGE TRAFFIC.

7.D. GNCCS WILL ENSURE APPROPRIATE TRAINING ON THE PROTECTION OF HEALTH INFORMATION AS PART OF OPSEC/PERSONAL SECURITY AND ON THE IMPORTANCE OF VIGOROUSLY DEFENDING THE ABSOLUTE SOVEREIGN IMMUNITY OF WARSHIPS AND THE SOVEREIGN IMMUNITY OF OTHER STATE VESSELS AND AIRCRAFT.

8. TESTING. REF (G) IS CANCELLED AND REPLACED WITH THE FOLLOWING GUIDANCE.

8.A. ASYMPTOMATIC TESTING REQUESTS AND COORDINATION. COMMANDS WILL COORDINATE TESTING NEEDS WITH THEIR SUPPORTING MTF 60 DAYS IN ADVANCE FOR PLANNED SHIP / SQUADRON / UNIT MOVEMENTS. ADVANCED PLANNING IS REQUIRED TO ENSURE TESTING CAPACITY IS AVAILABLE TO SUPPORT OPERATIONAL DEMANDS.

8.A.1. ISIC AND TYPE COMMANDERS WILL ENSURE TESTING IS PLANNED AND COORDINATED IN ADVANCE.

8.A.2. ISIC AND TYPE COMMANDERS WILL COORDINATE WITH THE APPROPRIATE NAVY MEDICAL REGION TO SUPPORT SHORT NOTICE (LESS THAN TWO WEEKS ADVANCED PLANNING) TESTING.

8.B. SENTINEL SURVEILLANCE TESTING (SST) IS REQUIRED PER REF (H). SST IS DESIGNED TO DETECT AND PREVENT ASYMPTOMATIC SPREAD OF COVID-19. COMMANDS WITH GREATER THAN 75% FULLY IMMUNIZED PERSONNEL WILL TEST THE DESIGNATED PERCENTAGES IN PARAGRAPH 8.B.1 AND 8.B.2 MONTHLY VICE EVERY 14 DAYS DUE TO HIGHER VACCINATION RATES. COMMANDS WITH GREATER THAN 85% IMMUNIZATION DO NOT REQUIRE SST. COMMANDS WHO ARE TESTING THEIR INSTALLATION/UNIT POPULATION TO MEET TRAVEL/HOST NATION/FHP 16 TRAVEL REQUIREMENTS CAN INCLUDE THOSE TESTS IN

THEIR SST CALCULATIONS.

8.B.1. COMMANDS WILL TEST 1% OF NON-IMMUNIZED CREW/STAFF EVERY 14 DAYS.COMMANDS WITHOUT ORGANIC TESTING CAPABILITY WILL COORDINATE WITH THEIR SERVICING MTF.

8.B.2. MEDICAL COMMANDS UNDER THE AUTHORITY, DIRECTION AND CONTROL OF THE NAVY WILL TEST TEN PERCENT OF NON-IMMUNIZED PERSONNEL EVERY 14 DAYS.

9. VACCINE ORDERING AND ADMINISTRATION. AMPLIFYING GUIDANCE TO REF (C).

9.A. NEW COVID VACCINATION SITES MUST COMPLETE TRAINING, LOGISTICS, AND PREPAREDNESS FOR VACCINE ADVERSE REACTIONS IAW REF (I), COMPLETE A READY TO RECEIVE CHECKLIST AND SUBMIT TO TYCOM FOR REVIEW.

9.A.1. COMMANDING OFFICERS OF NEW VACCINATION SITES WILL ENSURE VACCINATION PERSONNEL COMPLETE TRAINING REQUIRED BY REF (I) AS PART OF THE READY TO RECEIVE CHECKLIST.

9.A.2. COMMANDING OFFICERS OF NEW VACCINATION SITES WILL ENSURE APPROPRIATE COLD STORAGE CONDITIONS ARE AVAILABLE, TEMPERATURE CONDITIONS ARE SPECIFIC TO EACH VACCINE AND AVAILABLE FROM THE US FDA FOR AUTHORIZED AND LICENSED VACCINES.

9.B. ONLY SHIPS WITH ROLE TWO CAPABILITIES EMBARKED ARE AUTHORIZED TO ADMINISTER VACCINE WHILE AT SEA. ALL FLEET PLATFORMS WHO HAVE COMPLETED REQUIREMENTS IAW REF (I) ARE AUTHORIZED TO ORDER AND ADMINISTER VACCINE PIER-SIDE WHEN ACCESS TO ROLE TWO OR EMERGENCY MANAGEMENT SERVICES SUPPORT IS READILY AVAILABLE.

10. EXTERNAL NAVY VACCINE REPORTING. ACTIVE DUTY AND RESERVE PERSONNEL VACCINATED AT A COMMERCIAL OR GOVERNMENT VACCINATION SITE OUTSIDE THE DEFENSE HEALTH AGENCY NETWORK WILL PROVIDE VACCINATION DOCUMENTATION TO THEIR UNIT MEDICAL REPRESENTATIVE FOR INCLUSION IN ELECTRONIC HEALTH RECORDS. UNITS WITHOUT ORGANIC MEDICAL PERSONNEL WILL PROVIDE VACCINATION DOCUMENTATION TO THE LOCAL MILITARY TREATMENT FACILITY OR CLINIC WHERE THEIR PRIMARY CARE IS PROVIDED. RESERVE UNITS WILL ACTIVELY VERIFY VACCINATION STATUS AT EACH VIRTUAL OR IN PERSON DRILL WEEKEND AND RESERVISTS WILL TURN IN THEIR VACCINE DOCUMENTATION AT THEIR NEXT WORKDAY/DRILL DAY FOR INCLUSION IN THEIR HEALTH RECORD.

11. RELEASED BY RADM K. O. THOMAS, ASSISTANT DEPUTY CHIEF OF NAVAL OPERATIONS FOR OPERATIONS, PLANS AND STRATEGY, OPNAV N3/N5B.//

BT  
#0001  
NNNN  
UNCLASSIFIED//





UNCLASSIFIED//  
ROUTINE  
R 231718Z AUG 21 MID200001067754U  
FM CNO WASHINGTON DC  
TO NAVADMIN  
INFO SECNAV WASHINGTON DC  
CNO WASHINGTON DC  
BT  
UNCLAS

NAVADMIN 180/21

MSGID/NAVADMIN/CNO WASHINGTON DC/CNO/AUG//

SUBJ/UPDATE 3 TO NAVY COVID-19 REPORTING REQUIREMENTS//

REF/A/NAVADMIN/OPNAV/211617ZAPR20//  
REF/B/NAVADMIN/OPNAV/131734Z OCT20//  
REF/C/OPNAVINST F3100.6K/10AUG21//  
REF/D/NAVADMIN/OPNAV/171541ZAPR20//  
REF/E/DOC/BUMED/27MAR20//

NARR/REF A IS NAVADMIN 115/20, UPDATE TO NAVY COVID-19 REPORTING REQUIREMENTS.  
REF B IS NAVADMIN 277/20, UPDATE 2 TO NAVY COVID-19 REPORTING REQUIREMENTS.  
REF C IS OPNAVINST F3100.6K, SPECIAL INCIDENT REPORTING PROCEDURES. REF D NAVADMIN 113/20 RESTRICTION OF MOVEMENT (ROM) GUIDANCE UPDATED.  
REF E IS BUMED RETURN TO WORK GUIDANCE.//

POC/CDR JAKE WADSLEY/OPNAV N30/703-692-0644/  
JAKE.T.WADSLEY.MIL(AT)US.NAVY.MIL/POC/OPNAV COVID RESPONSE CELL/703-571-2822  
/OPNAV\_COVID\_RESPONSE\_CELL(AT)NAVY.(SMIL.)MIL

RMKS/1. This message supersedes reporting guidance in refs (a) and (b), and supplements reporting guidance in ref (c) for COVID-19 reporting only, making vaccination status a required field for all military personnel. In order to track the efficacy of our vaccine against the COVID delta variant, daily roll-up should include: vaccination/immunization status, symptomatic/asymptomatic status, why tested. The updated mass-upload excel file includes vaccination status as a required field and will be downloaded and used by all unit level commands no later than 03 September 2021.

2. OPREP-3 Navy Blue Message traffic is required in addition to sharepoint reporting for 1) COVID-19 deaths, 2) media interest events, 3) COVID positive cases while at sea regardless of vaccine status, and/or 4) significant operational impacts.

3. Reporting via OPNAV SharePoint site is required by all commands for all COVID cases for all military, civilians, dependents, and contractors. Once entered, commands are required to update changes in case status via the OPNAV SharePoint site within 24 hours. An updated mass-upload excel file is available on SharePoint site at My Navy Portal site <https://www.mnp.navy.mil/group/navy-covid-19-reporting>, with an effective implementation date of 03 September 2021. After the implementation date, old excel files for mass-uploads will no longer be accepted.

3.A. VACCINATION STATUS. Vaccination status is a required entry for all active and reserve service members. Report vaccination status for civilians, contractors or dependents if known. If unknown, report as unknown.

4. APPLICABILITY. This message applies to all Navy units.

5. TEMPLATE. The following template is provided as the body of the message with example entries for clarification only.

All fields are required.

-----BEGIN TEMPLATE-----

FM USS NAVY COMMAND

TO CNO WASHINGTON DC

INFO additional addresses as directed by REF A

UNCLAS SECINFO/U/- //

MSGID/OPREP-3NB,USMTF,2020/USS NAVY COMMAND/011B//

REF/A/DOC/OPNAV/10AUG21//

REF/B/VOX/NAVY COMMAND/160415ZAPR20//

REF/C/VOX/NAVY COMMAND/160423ZAPR20//

REF/D/MSG/NAVY COMMAND/170400ZAPR20//

REF/E/MSG/NAVY COMMAND/180400ZAPR20//

NARR/REF A IS OPNAVINST F3100.6K. REF B IS INITIAL VOICE REPORT TO ISIC.

REF C IS INITIAL VOICE REPORT TO CNSP COVID COORDINATION CELL.

REF D IS INITIAL SITREP.

REF E IS NAVY COMMAND UPDATED SITREP.//

FLAGWORD/NAVY BLUE/-//TIMELOC/190400ZAPR20/HOMEPORT, STATE/UPDATE//

GENTEXT/INCIDENT IDENTIFICATION AND DETAILS/

1. COMMAND/USS NAVY COMMAND/UIC: NNNNN

1.A. COMMAND LOCATION: [e.g., EVERETT, WA, USA]

Note: Commands location: Port, City, State, Country or At Sea in [Geographic COCOMAOR]. Multi-crew ships report on-crew or off-crew. When underway, SSBN?S report only at Sea vice any other geographic information.

1.B. FLEET CONCENTRATION AREA AND NAVY REGION: [e.g., PACNORTHWEST, CNRNW]

2. DOD ID NUMBER: NNNNNNNNNN

2.A. RATE/RANK: [e.g., RSSN/E-3]

2.B. AGE: NN

2.C. GENDER: M/F

3. DATE INDIVIDUAL WAS DIAGNOSED COVID-19: [e.g., 15APR20]

3.A. TYPE OF DIAGNOSIS: [e.g., POSITIVE COVID-19 TEST] Note. Type of diagnosis: Positive COVID-19 Test or Diagnosis by a health care provider without a positive COVID-19 test.

3.B. DATE OF COVID-19 TESTING: [e.g., 1700T, 15APR20]

3.C. TESTING RESULTS: [e.g., POSITIVE 2000T, 15APR20]

4. VACCINATION STATUS: [e.g., Unknown (only a valid entry for civilians), None, Vaccinated (first shot in a series of two shots of COVID-19 vaccine), or Immunized (completed the vaccine series and is considered immune two weeks after the vaccine sequence is complete). April 10, 2021 (effective date of status change, if applicable)]

5. REASON FOR PUI/CASE STATUS: [e.g., MEMBER TRANSFERRED TO MADIGAN ARMY MEDICAL CENTER ON JOINT BASE LEWIS-MCCHORD (JBLM), PLACED IN INTENSIVE CARE UNIT (ICU) AND PLACED ON VENTILATOR.]

5.A. ISOLATION BERTHING LOCATION: HOSPITAL (ICU IF APPLICABLE) OR HOME/BARRACKS.

5.B. ISOLATION START DATE: [e.g., 2000T, 15APR20]

5.C. DESCRIPTION OF SYMPTOMS EXHIBITED: [e.g., FEVER OF 104.9, FULL BODY ACHES, SHAKES.]

5.D. DATE INDIVIDUAL ADMITTED TO HOSPITAL AND HOSPITAL NAME: [e.g., 2230T, 16APR20 AT MADIGAN ARMY MEDICAL CENTER ON JOINT BASE LEWIS-MCCHORD.]

5.E. WHETHER OR NOT INDIVIDUAL REQUIRED TREATMENT IN ICU OR RELEASED FROM ICU: [e.g., YES. SERVICE MEMBER WAS PLACED IN ICU AT 0500T, 18APR20.]

5.F. WHETHER OR NOT INDIVIDUAL WAS PLACED ON VENTILATOR OR REMOVED FROM A VENTILATOR: [e.g., YES. SERVICE MEMBER PLACED ON VENTILATOR AT 0500T, 18APR20.]

5.G. DATE INDIVIDUAL DISCHARGED FROM THE HOSPITAL.

5.H. DATE INDIVIDUAL RECOVERED.

6. 14 DAY TRAVEL HISTORY.

7. COMMANDERS ASSESSMENT: [e.g., COMPREHENSIVE TIMELINE BELOW. MEMBER LAST ONBOARD 13APR20. WHILE OFF DUTY, MEMBER REMAINED AT HIS BARRACKS ONLY GOING OUT FOR ESSENTIAL ITEMS. MEMBER DISPLAYED SYMPTOMS ON 15APR20. AT 1630L, 15APR20 MEMBER ADMITTED TO ER AT PROVIDENCE HOSPITAL IN EVERETT, WA. MEMBER TESTED POSITIVE AT 2000L, MEMBER WAS EVALUATED AS STABLE AND DISCHARGED AT 2245L, 15APR20. MEMBER WAS ISOLATED IN BLDG 2028 NAVSTA EVERETT, WA. AT 1000, 16APR20, MEMBER SYMPTOMS INCREASED AND TRANSPORTED TO PROVIDENCE HOSPITAL. MEMBER WAS PROVIDED MEDICATION AND STABILIZED. MEMBER WAS DISCHARGED AROUND 1300L, 16APR20. BASED ON FURTHER MEDICAL ASSESSMENT MEMBER WAS TRANSPORTED AND ADMITTED TO MADIGAN ARMY MEDICAL CENTER ON JOINT BASE LEWIS-MCCORD (JBLM) AT 2230L, 16APR20. AT 0500L, 18APR20, MEMBER TRANSFERRED TO ICU AND PLACED ON VENTILATOR AT MADIGAN ARMY MEDICAL CENTER. COMMAND ASSESSES CONTACT ON 13APR20 WITH FOUR SAILORS WITHIN SIX FEET OR LESS FOR GREATER THAN FIFTEEN MINUTES: HM2, GSM3, CSSN, CSSN. IT1 DROVE MEMBER TO PROVIDENCE ER THE EVENING OF 15APR20. SAME HM2 MENTIONED ABOVE, DROVE MEMBER FROM PROVIDENCE TO BARRACKS THE EVENING OF 15APR20. AS OF 0900L, 18APR20, ALL FIVE SAILORS REPORT NO SYMPTOMS.]

Note: Include how many additional members have been exposed (Contact, large gatherings, etc.)

8. IMMEDIATE AND SECOND ORDER IMPACTS TO READINESS: [e.g., ROM OF 1 OF 2 GENERAL CORPSMAN, 1 OF 1 MESS DECK MASTER-AT-ARMS, 1 OF 12 FOOD SERVICE ATTENDANTS, 2 OF 13 CULINARY SPECIALIST. ABLE TO CONTINUE CURRENT MISSION.]

9. MEDIA INTEREST: YES

10. FOR UNDERWAY UNITS ONLY (N/A for inport units)

10.A. 14 DAY TRAVEL SUMMARY.

10.B. TOTAL NUMBER OF CLOSE CONTACT PERSONNEL.

10.C. TOTAL NUMBER OF CLOSE CONTACT PERSONNEL AT WATCH/WORK STATION.

10.D. TOTAL NUMBER OF CLOSE CONTACT PERSONNEL DUE TO BERTHING CONFIGURATION.

10.E. DUTY/WATCH ROTATION: (e.g., 3 sections)

10.F. MITIGATION MEASURES PUT IN PLACE.

10.G. ACTIONS FOR INDIVIDUALS IN CLOSE CONTACT.

10.H. MEDEVAC/DEBARK INTENTIONS.

11. PRE-UNDERWAY ISOLATION/QUARANTINE INFORMATION FOR THE INDIVIDUAL (N/A for inport units).

11.A. ISOLATION LOCATION.

11.B. QUARANTINE START DATE.

11.C. QUARANTINE STOP DATE.

11.D. ANY SPECIFIC QUARANTINE GUIDANCE PROVIDED TO THE INDIVIDUAL.

12. ANY SHORTAGE OF MEDICAL PPE OR TEST KITS FOR ASSIGNED UNITS OR COMMANDS.

13. SUMMARY UPDATE OF COVID-19 CASES ONBOARD: [e.g., 1 ACTIVE CASE ONBOARD.] Note: Update on ships COVID-19 cases: (i.e., 15-total positives, 7-active,8-recovered, no hospitalizations, DTG of related initial OPREP-3 messages and updates.)

14. POC: [e.g., CDR SAILOR/XO/(NNN)NNN-NNNN/XO(AT)UNIT.NAVY.MIL]  
-----END TEMPLATE-----

6. For questions on reporting requirements, contact OPNAV COVID Crisis Response Cell at 703-571-2822 or  
OPNAV\_COVID\_CRISIS\_RESPONSE\_CELL(AT)NAVY.(SMIL.)MIL or  
OPNAV Battle Watch Captain at 703-692-9284 or BWC.PTGN(AT)NAVY.MIL.

7. Released by VADM W. R. Merz, Deputy Chief of Naval Operations for Operations, Plans And Strategy, OPNAV N3/N5.//

BT  
#0001  
NNNN  
UNCLASSIFIED//

UNCLASSIFIED//  
ROUTINE  
R 311913Z AUG 21 MID200001090997U  
FM CNO WASHINGTON DC  
TO NAVADMIN  
INFO SECNAV WASHINGTON DC  
BT  
UNCLAS

NAVADMIN 190/21

MSGID/NAVADMIN/CNO WASHINGTON DC/CNO/AUG//

SUBJ/2021-2022 NAVY MANDATORY COVID-19 VACCINATION AND REPORTING POLICY//

REF/A/DOC/SECDEF/24AUG21//  
REF/B/ALNAV/SECNAV/302126AUG21//  
REF/C/DOC/BUMEDINST 6230.15B/7OCT13//  
REF/D/DOC/BUPERSINST 1730.11A/16MAR20//  
REF/E/DOC/MILPERSMAN 1730-020//  
REF/F/NAVADMIN/OPNAV/042044ZMAY21//  
REF/G/DOC/DHA/DHA-IPM/6MAY21//  
REF/H/DOC/ASD/3JUN2021//

NARR/REF A IS THE SECRETARY OF DEFENSE MEMO MANDATING CORONAVIRUS DISEASE 2019 VACCINATION FOR DEPARTMENT OF DEFENSE SERVICE MEMBERS.  
REF B IS ALNAV 062/21, 2021-2022 DEPARTMENT OF NAVY MANDATORY COVID-19 VACCINATION POLICY.  
REF C IS BUMEDINST 6230.15B, IMMUNIZATIONS AND CHEMOPROPHYLAXIS FOR THE PREVENTION OF INFECTIOUS DISEASE.  
REF D IS BUPERSINST 1730.11A, STANDARDS AND PROCEDURES GOVERNING THE ACCOMMODATION OF RELIGIOUS PRACTICES.  
REF E IS MILPERSMAN 1730-020, IMMUNIZATION EXEMPTIONS FOR RELIGIOUS BELIEFS.  
REF F IS NAVADMIN 088/21, SARS-COV-2 VACCINATION AND REPORTING POLICY UPDATE.  
REF G IS DEFENSE HEALTH AGENCY INTERIM PROCEDURES MEMORANDUM 20-004, DEPARTMENT OF DEFENSE (DOD) CORONAVIRUS DISEASE 2019 (COVID-19) VACCINATION PROGRAM IMPLEMENTATION PROGRAM.  
REF H IS ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS MEMO, CO-ADMINISTRATION OF CORONAVIRUS DISEASE 2019 VACCINES WITH OTHER VACCINES.

POC/BUMED COVID-19 CRISIS ACTION TEAM / (703) 681-1125/EMAIL:  
USN.NCR.BUMEDFCHVA.MBX.BUMED---2019-NCOV-RESPONSE-CELL(AT)MAIL.MIL /  
OPNAV COVID-19 CRISIS ACTION TEAM / (703) 571-2822 /  
EMAIL: OPNAV\_COVID\_CRISIS\_RESPONSE\_CELL(AT)NAVY.MIL.

RMKS/1. Background. Disease modeling forecasts that severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19, will continue to spread throughout the remainder of 2021. Data and

modeling also indicate that the available vaccines will continue to be effective against severe illness and mortality caused by COVID 19. Of note, all Navy COVID deaths have been individuals not immunized (one individual was partially vaccinated). In consideration of this persistent health and readiness threat to Navy service members, vaccination against COVID-19 is now mandatory per references (a) and (b). This NAVADMIN provides guidance regarding implementation within the Navy.

2. Policy. In accordance with references (a), (b), and this NAVADMIN, Navy service members will be fully vaccinated against COVID-19 through administration of vaccines that have received Food and Drug Administration (FDA) licensure or through the voluntary administration of vaccines under FDA Emergency Use Authorization (EUA) or World Health Organization (WHO) Emergency Use Listing.

2.a. Navy Service Members. Active duty service members, service members in the selected reserve, and service members in the Individual Ready Reserve are considered Navy service members for the purposes of this NAVADMIN.

2.b. Fully Vaccinated. Navy service members vaccinated per paragraph 2 or voluntarily immunized with a COVID-19 vaccine under FDA EUA or WHO Emergency Use Listing in accordance with applicable dose requirements prior to, or after, the establishment of this policy are considered fully vaccinated. Navy service members are considered fully vaccinated two weeks after completing the second dose of a two-dose COVID-19 vaccine or two weeks after receiving a single dose of a one-dose COVID-19 vaccine. Booster shots are still under evaluation and will be addressed via separate message.

2.c. Coordination. Military Treatment Facilities (MTFs) will coordinate ordering, distributing, and administering vaccines, along with their supported activities, units, and other eligible populations.

2.d. COVID-19 Disease Prevention. Vaccination has proven to be the most effective defense against serious illness caused by COVID-19. Maintaining a clean work environment, good hygiene practices including cough/sneeze etiquette, and managing workforce exposure (e.g., social distancing, teleworking, and sick leave) also continue to be effective tools in reducing the spread of COVID-19.

### 3. COVID-19 Vaccination Administering Requirements and Reporting

3.a. COVID-19 vaccination is mandatory for all DoD service members who are not medically or administratively exempt per references (c), (d), and (e). Navy service members who are not medically or administratively exempt shall be fully vaccinated against COVID-19 as defined in paragraph 2.b above.

3.b. Active duty Navy service members will be fully vaccinated within 90 days from the date of reference (b). Ready Reserve Navy service members will

be fully vaccinated within 120 days from the date of reference (b). New accessions will be fully vaccinated as soon as practicable following service entry.

3.c. This NAVADMIN constitutes a lawful order. Refusal to be fully vaccinated against COVID-19, absent an approved exemption, will constitute a failure to obey a lawful order and is punishable under the Uniform Code of Military Justice and/or may result in administrative action. Adjudication will be in accordance with paragraph 3.e.(5) below. Prior to receiving the COVID-19 vaccine, Navy service members will have access to healthcare providers to address questions regarding the risks of COVID-19 and the benefits of COVID-19 vaccination.

3.d. Exemptions. The two types of exemptions from immunization are medical and administrative. Administrative exemptions include religious accommodations, per references (d) and (e), as well as others per reference (c). The process for obtaining exemptions for mandatory vaccinations is provided in reference

(c) for medical and administrative exemptions and references (d) and (e) for religious accommodations. Specifically for the COVID-19 vaccination, in addition to the processes in reference (c), the authority to grant approval of a permanent medical exemption is the first Navy Medical Department Flag Officer in the medical providers chain of command. Medical Departments may send questions regarding the permanent medical exemption process to usn.ncr.bumedfchva.mbx.bumed--- 2019-ncov-response-cell(AT)mail.mil.

3.d.(1). A history of COVID-19 disease and/or positive serology does not exempt a Navy service member from receiving a COVID-19 vaccine. Those Navy service members who previously received a medical exemption from COVID-19 vaccine while the vaccines were authorized under an EUA will be reevaluated per paragraph 3.d above.

3.d.(2). Navy service members who are actively participating in COVID-19 clinical trials are exempt from mandatory vaccination against COVID-19 until the trial is complete.

3.e. Commanders, Commanding Officers, and Officers in Charge will:

3.e.(1). Identify Navy service members who are not vaccinated against COVID-19 using Medical Readiness Reporting System (MRRS) detailed in paragraph 3.f below.

3.e.(2). Provide sufficient resources to local MTFs or vaccination locations to execute local vaccination plans. In coordination with local commanders, MTFs will develop plans to administer vaccinations.

3.e.(3). In coordination with supporting cognizant medical authority, direct



that unvaccinated Navy service members will initiate vaccination with an FDA-licensed vaccine or, optionally and alternatively, with a vaccine approved for emergency use, on a timeline that achieves full vaccination per paragraph

3.b above. This direction will include information and guidance regarding vaccine availability and administering locations.

3.e.(4). For Navy service members without a pending exemption request or whose exemption request was denied, provide counseling regarding refusal to take the COVID-19 vaccine. This counseling will include access to a healthcare professional to answer questions regarding the risks of COVID-19 and the benefits of COVID-19 vaccinations. Commands will then issue a uniform NAVPERS 1070/613 (Page 13) ordering initiation of the COVID-19 vaccine series, to be completed within the time requirements of paragraph 3.b above. An example NAVPERS 1070/613 can be found at:  
<https://portal.secnav.navy.mil/cop/crc/COVID/DocumentationandPDFTraining/Forms/Allitems.aspx>.

3.e.(5). For Navy service members who remain unvaccinated, and who have or are expected to exceed the time requirements of paragraph 3.b, their ultimate disposition will be determined by the designated COVID Consolidated Disposition Authority (CCDA). The CCDA will serve as the central authority for adjudication and will have at his or her disposal the full range of administrative and disciplinary actions. Until further notice, authority is withheld for initiating non-judicial punishment, courts-martial, or administrative separation in cases of Navy Service Members refusing the vaccine. The assigned CCDA and specific required reporting procedures and information will be promulgated via separate message.

### 3.f. COVID-19 Vaccination Reporting

3.f.(1). Navy service member vaccination administration compliance will be monitored via MRRS. Designated command personnel will access MRRS to track personnel to ensure compliance.

3.f.(2). Vaccine administrators must report vaccine administration errors, serious adverse vaccine reactions or clinically significant adverse events in the Vaccine Adverse Event Reporting System:  
<https://vaers.hhs.gov/resources/infoproviders.html>.

3.f.(3). Vaccine administrators must ensure that documentation of COVID-19 vaccine administration is coded to accurately reflect the type of vaccine provided.

3.f.(4). COVID-19 immunization documentation will be completed within an approved electronic health record (EHR). Afloat units will enter COVID-19 immunizations into the Shipboard Automated Medical System/Theater Medical Information Program for subsequent transfer to MRRS. Garrison units will

enter COVID-19 immunizations into AHLTA/MHS GENESIS for subsequent transfer to MRRS.

When an approved EHR is not available, readiness documentation may be entered directly in MRRS, but must also be entered into EHR once available.

3.f.(5). Navy service members who receive the vaccine from a retail network pharmacy or other non-DoD vaccine administrator must provide documentation of COVID-19 vaccination to their respective command no later than the next duty day for Active Component or within 7 days for Reserve Component for entry into EHR and/or MRRS.

3.f.(6). Shore-based commands will request access to MRRS based on unit identification code by submitting a system access authorization request available at: [//mrrs.dc3n.](https://mrrs.dc3n.navy.mil/mrrs)

[navy.mil/mrrs](https://mrrs.dc3n.navy.mil/mrrs) (note: MRRS Web address is case sensitive).

Point of contact: MRRS program office, [mrrspo\(AT\)navy.mil](mailto:mrrspo(AT)navy.mil) / (800) 537-4617 / (504) 697-7070 / DSN: 647-7070. Ship-based commands may utilize Navy Medicine Online or Shipboard Non-Tactical Automated Data Processing Automated Medical System to populate MRRS.

#### 4. COVID-19 Vaccination Administration

4.a. Vaccine administrators should follow the guidance provided in references (f) and (g).

4.b. Per reference (h), there is no harm (contraindication) for co-administration of the COVID-19 vaccination with other vaccines.

4.c. COVID-19 Vaccine Ordering. Naval Medical Logistics Command is responsible for coordinating distribution of COVID-19 vaccine for all Navy and Marine Corps activities: [usn.detrick.navmedlogcomftdmd.list.vialhelp\(AT\)mail.mil](mailto:usn.detrick.navmedlogcomftdmd.list.vialhelp(AT)mail.mil). Navy COVID-19 vaccine is centrally funded. Navy activities will place their order for COVID-19 vaccine via USAMMA-DOC's secure web site: <https://a01.usamma.amedd.army.mil/docvac/Account/Login>.

4.d. COVID-19 Vaccine Integrity. If temperature limits are exceeded during shipment, upon receipt immunization sites must call DLA or USAMMA-DOC at 301-619-4318/8002 or DSN: 343-4318/8002 and [DLA DSCPColdchain\(AT\)dla.mil](mailto:DLA DSCPColdchain(AT)dla.mil) or [paacoldchainteam\(AT\)dla.mil](mailto:paacoldchainteam(AT)dla.mil). For temperature limits exceeded in storage please refer to the following website: <https://www.health.mil/Military-Health-Topics/Health-Readiness/Immunization-Healthcare/Vaccine-Storage-and-Handling/Potential-Vaccine-Compromise-Reporting>.

#### 4.e. Vaccination and Reporting Timeline

4.e.(1). Due to the risk of rapid infection transmission within units and

potential impact on operations, vaccines should be given as quickly as possible. MTFs should be prepared to begin administration of vaccine within 24 hours of receipt. If directly receiving the vaccine, active duty operational units have 72 hours (three working days) following receipt of the vaccine to begin documentation, administration, and vaccination reporting.

4.e.(2). As schedules vary for Navy service members in the Selected Reserve or Individual Ready Reserve, NMLC will coordinate with DLA and the ordering Reserve Command for the vaccine to arrive the week of a drill weekend. Units have 30 days following receipt of the vaccine to document, administer, and report vaccination.

4.e.(3). Installations and MTFs may use the Navy Family Accountability and Assessment System, similar to seasonal influenza efforts, conduct a Pandemic COVID-19 response exercises in conjunction with the COVID-19 vaccine program.

5. Points of contact:

5.a. OPNAV: CAPT Steven Tarr III, (703) 614-9250 /  
Email: steven.tarr3(AT)navy.mil.

5.b. BUMED: BUMED COVID-19 CRISIS ACTION TEAM /  
(703) 681-1125 / Email: USN.NCR.BUMEDFCHVA.MBX.BUMED--- 2019-NCOV-RESPONSE-  
CELL(AT)MAIL.MIL.

6. Released by VADM W. R. Merz, Deputy Chief of Naval Operations for Operations, Plans and Strategy, OPNAV N3/N5.//

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SUBJ/COVID-19 CONSOLIDATED DISPOSITION AUTHORITY (CCDA)//

REF/A/DOC/SD/24AUG21/  
REF/B/MSG/SECNAV/302126ZAUG21/  
REF/C/MSG/CNO/311913ZAUG21/  
REF/D/DOC/BUMED/7OCT13//  
REF/E/DOC/BUPERS/16MAR20//  
REF/F/DOC/OPNAV/15AUG20//  
NARR/REF A IS THE SECRETARY OF DEFENSE MEMO MANDATING CORONAVIRUS DISEASE  
2019 VACCINATION FOR DEPARTMENT OF DEFENSE SERVICE MEMBERS.  
REF B IS ALNAV 062/21, 2021-2022 DEPARTMENT OF NAVY MANDATORY COVID-19  
VACCINATION POLICY.  
REF C IS NAVADMIN 190/21, 2021-2022 NAVY MANDATORY COVID-19 VACCINATION AND  
REPORTING POLICY.  
REF D IS BUMEDINST 6230.15B, IMMUNIZATIONS AND CHEMOPROPHYLAXIS FOR THE  
PREVENTION OF INFECTIOUS DISEASE.  
REF E IS BUPERSINST 1730.11A, STANDARDS AND PROCEDURES GOVERNING THE  
ACCOMMODATION OF RELIGIOUS PRACTICES.  
REF F IS MILPERSMAN 1730-020, IMMUNIZATION EXEMPTIONS FOR RELIGIOUS  
BELIEFS.//  
POC/OPNAV/CAPT STEVEN TARR III, (703) 614-9250//EMAIL:  
STEVEN.TARR1.MIL(AT)US.NAVY.MIL

RMKS/1. Purpose. This NAVADMIN announces the assignment of the Chief of Naval Personnel as the COVID Consolidated Disposition Authority (CCDA), and provides procedural guidance and reporting requirements for administrative disposition of individual Navy service members, active duty and Selected Reserve, who are not fully vaccinated per references (a) through (c).

2. Policy. In order to maximize readiness, it is the policy goal of the U.S. Navy to achieve a fully vaccinated force against the persistent and lethal threat of COVID-19.

2.a. In support of the above stated policy, and as directed by the Secretary of the Navys lawful order, the Navy has commenced a mandatory vaccination campaign per references (a) through (c). Navy service members refusing the

COVID-19 vaccination, absent a pending or approved exemption, shall be processed for administrative separation per this NAVADMIN and supporting references. To ensure a fair and consistent process, separation determinations will be centralized under the CCDA as outlined in the paragraphs below.

2.b. To date, over 98 percent of active duty U.S. Navy service members have met their readiness responsibility by completing or initiating a COVID-19 vaccination series. We applaud your commitment to ensuring the continued readiness of our worldwide deployable Navy. Tragically, there have been 164 deaths within the Navy family due to COVID-19, far exceeding the combined total of all other health or mishap related injuries and deaths over the same time period. 144 of these were not immunized and 20 had an undisclosed immunization status.

3. Definitions. For the purposes of this NAVADMIN, the following terms are defined.

3.a. Navy Service Members. Active-duty service members and service members in the Selected Reserve only. Service members in the Individual Ready Reserve and U.S. Naval Academy and Naval Reserve Officers Training Corps midshipmen remain subject to the vaccine mandates in references (a) and (b), but will be adjudicated per their governing instructions rather than this NAVADMIN.

3.b. Active-Duty Navy Service Members. Active-duty Navy service members includes members of the Active Component and members of the Reserve Component on active duty in full time support (FTS).

3.c. Refusing the Vaccine. A Navy service member refusing the vaccine is one who has: (1) received a lawful order to be fully vaccinated against COVID-19; (2) is not or will not be fully vaccinated on the date required by the order; and (3) does not have a pending or approved exemption request per references (d) through (f).

3.d. Fully Vaccinated. Service members are considered fully vaccinated two weeks after completing an approved COVID-19 vaccination series per reference (c).

3.e. Senior Leader. A Navy senior leader is a flag officer or flag officer select, regardless of assignment; an officer serving as a commander, deputy commander, commanding officer, executive officer, chief of staff, chief staff officer, or officer in charge; or an enlisted member serving as a command master chief, chief of the boat, senior enlisted advisor, or command senior enlisted leader.

4. Deadlines. Per references (a) through (c), active duty Navy service members must be fully vaccinated against COVID-19 NLT 28 November 2021, and Ready Reserve Navy service members NLT 28 December 2021. New accessions must be vaccinated as soon as practicable following service entry.

4.a. For requested exemptions that are denied, specific instructions regarding the follow-on vaccination timeline or separation adjudication process will be included in the denial letter.

4.b. Administrative actions per this NAVADMIN may begin as soon as a Navy service member meets the definition of refusing the vaccine in paragraph 3.c.

## 5. Disposition Authority

5.a. Designation of the CCDA. The Chief of Naval Personnel (CNP) is the CCDA. The Chief of Navy Reserve (CNR) will provide support to the CCDA for cases involving Navy service members in the Selected Reserve.

5.b. Authorities for Vaccination Refusal. The CCDA is the officer show cause authority and enlisted separation authority for Navy service members who refuse the COVID-19 vaccine, except Entry Level Separation (ELS). For ELS, commanders and commanding officers are separation authorities per paragraph 6.b. Commanders and commanding officers will initiate administrative separation processing per paragraphs

7.a. and 7.b. The Vice Chief of Naval Operations retains authority for non-judicial punishment and courts-martial. Involuntary extension of enlistments is not authorized on the basis of administrative or disciplinary action for vaccination refusal. The CCDA may seek recoupment of applicable bonuses, special and incentive pays, and the cost of training and education for service members refusing the vaccine.

5.c. Other Misconduct. The withholding of disposition authority in reference (c) and this NAVADMIN does not extend to other misconduct, which may include misconduct related to vaccine refusal such as failing to wear a mask when required, falsifying vaccination records, or not complying with COVID testing requirements. If in doubt, commanders, commanding officers, and officers in charge should consult with their servicing staff judge advocate in determining disposition authority.

5.d. Separation Authority for Vaccine Refusal That Includes Other Misconduct. If a Navy service member is processed for administrative separation because of vaccine refusal that includes other misconduct, the CCDA will serve as the officer show cause authority or enlisted separation authority in accordance with paragraph 5.b.

5.e. Professional Qualifications. For Navy service members refusing the vaccine, the CCDA retains the authority for administrative processes regarding removal of warfare qualifications, additional qualification designations (AQD), Navy Enlisted Classifications (NEC), or sub-specialties, except in cases where removal authority is otherwise authorized by law or Executive Order (e.g. Director, Naval Nuclear Propulsion Program regarding nuclear qualifications).

5.f. Other Armed Forces Members Assigned to Navy Commands. For vaccine refusal cases involving Soldiers, Airmen, Guardians, Marines, or Coast Guardsmen assigned to Navy commands, the Navy commander, commanding officer, or officer-in-charge will report the case to the CCDA.

5.g. Navy Service Members in Non-Navy Billets. The CCDA will be responsible for identifying, coordinating, and adjudicating Navy service members refusing the vaccine while serving in non-Navy billets (e.g., Joint, NATO).

## 6. Administrative Disposition Guidance; Immediate Actions.

6.a. Unvaccinated Senior Leaders. An unvaccinated senior leader without a pending or approved exemption calls into question the Navy's trust and confidence regarding their ability to ensure unit readiness or to maintain good order and discipline. These senior leaders must begin vaccination

immediately. This constitutes a lawful order. The immediate superior in command (ISIC), commander, or commanding officer, as applicable, will notify in writing senior leaders refusing the vaccine that they have five (5) calendar days to initiate corrective action. If the senior leader does not begin a vaccination series or request an exemption within that five-day period, the ISIC, commander, or commanding officer will relieve the senior leader and initiate detachment for cause (DFC) per MILPERSMAN 1611-010, MILPERSMAN 1611-020, and MILPERSMAN 1616-010, as applicable.

6.a.(1). A sample report of misconduct is available at: <https://www.mnp.navy.mil/group/navy-covid-19-reporting>. The report will note that authority for disciplinary action is withheld by reference (c) and this NAVADMIN, and as such no disciplinary action was taken.

6.a.(2). Established notification procedures for relief of command triad members apply. The relief of any flag officer or officer selected for promotion to O-7 under this paragraph will be reported to the Naval Inspector General for review per DoDI 1320.04 and SECNAVINST 5800.12C.

6.b. Entry Level Separation (ELS). ELS processing is authorized per paragraph 5.b above per MILPERSMAN 1910-154 for Navy service members in an entry level status refusing the vaccine. ELS shall be reported per paragraph 9.

6.c. Because COVID-19 vaccination is now mandatory, commanders, commanding officers, or officers in charge, with the concurrence of the first flag officer in the chain of command, are authorized to temporarily reassign Navy service members who refuse the COVID-19 vaccine, regardless of exemption status, based on operational readiness or mission requirements.

6.d. Promotion, Transfer and Reenlistment. Commands shall not allow those refusing the vaccine to promote/advance, reenlist, or execute orders, with the exception of separation orders, until the CCDA has completed disposition of their case. Transfer orders may be cancelled by Navy Personnel Command.

7. Administrative Disposition Guidance; Future Actions. The actions in this paragraph shall be executed per paragraph 4.

7.a. Officer Administrative Separation. In the case of any officer, including any officer senior leader, who is refusing the vaccine, the cognizant commander or commanding officer shall submit a report of misconduct to Commander, Navy Personnel Command (PERS-834) per MILPERSMAN 1611-010. A template report is available at: <https://www.mnp.navy.mil/group/navy-covid-19-reporting>.

Per SECNAVINST 1920.6D, the CCDA, as the show cause authority, has directed mandatory show cause processing for all officers on the bases of Misconduct, Moral or Professional Dereliction, and Substandard Performance, with the least favorable characterization of service as GENERAL (under honorable conditions), unless inclusion of another basis for separation warrants other than honorable. Additionally, report flag officers or officers selected for promotion to O-7 who are refusing the vaccine to the Naval Inspector General for review per DoDI 1320.04 and SECNAVINST 5800.12C. Officers separated under this subparagraph will not be eligible for involuntary separation pay and will be subject to recoupment of any unearned special or incentive pays.

7.b. Enlisted Administrative Separation. In the case of any enlisted

service member, including any enlisted senior leader, who is refusing the vaccine, the cognizant commander or commanding officer shall initiate the process for administrative separation under MILPERSMAN 1910-142, Commission of a Serious Offense, plus any additional basis known at the time of processing. The provisions of MILPERSMAN 1910 (series) apply; treat vaccine refusal cases as though they were listed in MILPERSMAN 1910-233. The CCDA is the separation authority unless a higher separation authority is required by MILPERSMAN 1910-704. The least favorable characterization of service shall be GENERAL (under honorable conditions), unless inclusion of another basis for separation warrants other than honorable. Enlisted service members separated under this subparagraph will not be eligible for involuntary separation pay and will be subject to recoupment of any unearned special or incentive pays.

7.c. Officer Promotion Delay. Per SECNAVINST 1420.3 or SECNAVINST 1412.6M, commanders and commanding officers shall delay the promotion of any officer refusing the vaccine. Delays shall be based upon pending administrative action and physical qualification. PERS-833 will make formal written notice to the officer following written notice by the commanding officer.

7.d. Enlisted Advancement Withhold. Per BUPERSINST 1430.16G, commanding officers shall withhold the advancement of any enlisted member refusing the vaccine. Advancement withholds shall be based upon pending administrative action and physical qualification.

7.e. Documentation in Fitness Reports and Enlisted Evaluations. Per MILPERSMAN 1610-015, failure to comply with individual medical readiness responsibilities will be documented in fitness reports and evaluations. Failure to be fully vaccinated against COVID-19 is a medical readiness failure.

7.e.(1). Commanding officers shall identify those refusing the vaccine and verify that the members have an initial counseling NAVPERS 1070/13 per MILPERSMAN 1610-015 in their local file (Page 13). If necessary, the initial NAVPERS 1070/13 directed in MILPERSMAN 1610-015 shall be issued.

The NAVPERS 1070/13 counseling and warning ordering vaccination per NAVADMIN 190/21 may serve as the subsequent formal counseling required in MILPERSMAN 1610-015.

7.e.(2). Within 30 days of a Navy service member refusing the vaccine, reporting seniors shall issue a Special Fitness Report/Evaluation per MILPERSMAN 1610-015 and BUPERSINST 1610.10E. In addition to documenting failure to comply with individual medical readiness responsibilities, the report shall document other facts as appropriate, including any misconduct related to UCMJ Art. 92.

7.f. Terminal Leave. Navy service members who commence terminal leave on or before the applicable deadline in paragraph 4 are administratively exempted from vaccine requirements per BUMEDNOTE 6150 of 21 Sep 21 and BUMEDINST 6230.15B.

7.g. The authority for commanding officers in MILPERSMAN 1730-020 to revoke an approved religious accommodation exemption from COVID-19 vaccination is withheld.

## 8. Reporting



8.a. Officers and E-6 through E-9. Per MILPERSMAN 1611-010 and MILPERSMAN 1616-040, commands are required to inform PERS-834 (officers) and PERS-832 (enlisted) of incidents that could result in adverse action. This applies to vaccine refusal. Reports should flag whether the service member is pending transfer or promotion/advancement.

8.b. E-5 and Below. Per MILPERSMAN 1616-050, misconduct not yet finally adjudicated need not be reported to Navy Personnel Command.

9. Data Collection and Record Retention

9.a. Navy echelon one and two commanders will forward information regarding those refusing the vaccine within their administrative chains of command to CNP for active duty Navy service members and CNR for Ready Reserve service members per CCDA guidance.

9.b. All commands must retain all records, materials and written communications, including emails, pertaining to vaccine refusals per SECNAV M-5210.1.

10. Points of contact. OPNAV POC: CAPT Steven Tarr III, comm (703) 614-9250, e-mail: steven.tarr1.mil(at)us.navy.mil. BUMED POC: BUMED COVID-19 CRISIS ACTION TEAM / (703) 681-1125 /e-mail: USN.NCR.BUMEDFCHVA.MBX.BUMED---2019-NCOV-RESPONSE-CELL(AT)MAIL.MIL OJAG POC: CDR Justin Pilling, comm (703) 614-5757, e-mail: justin.d.pilling@navy.mil.

11. Released by ADM William Lescher, Vice Chief of Naval Operations, and VADM John B. Nowell, Jr., Chief of Naval Personnel.//

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SUBJ/CCDA DATA REPORTING REQUIREMENTS//

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REF/B/NAVADMIN/OPNAV/311913ZAUG21//

REF/C/NAVADMIN/OPNAV/132050ZOCT21//

NARR/REF A IS ALNAV 062/21, 2021-2022 DEPARTMENT OF THE NAVY MANDATORY COVID-19 VACCINATION POLICY.

REF B IS NAVADMIN 190/21, 2021-2022 NAVY MANDATORY COVID-19 VACCINATION AND REPORTING POLICY.

REF C IS NAVADMIN 225/21, COVID-19 CONSOLIDATED DISPOSITION AUTHORITY (CCDA).//

RMKS/1. Background. As the maritime protectors of our country in peacetime and war, we require a healthy and mission ready force. Vaccination is the most effective tool we have to prevent widespread manifestation of COVID-19 in our force today. Considering this threat to the health and readiness of service members, references (a) and (b) directed mandatory vaccination against COVID-19 for all Active Duty and Reserve Navy service members. Reference (c) announced the Chief of Naval Personnel (CNP) as the COVID Consolidated Disposition Authority (CCDA) and provided additional guidance.

2. Policy. In order to maximize readiness, it is the policy goal of the Navy to achieve a fully vaccinated force against the persistent and lethal threat of COVID-19. To date over 99 percent of Active Duty Navy service members have met their readiness responsibility by completing or initiating a COVID-19 vaccination series.

3. COVID-19 Vaccine Reporting. This message directs data reporting requirements for all unvaccinated Navy service members in all Navy commands. Echelon one and two commanders shall compile and provide the following information on all Navy service members who are not fully vaccinated as defined by reference (c) in line with the timeline specified in paragraph 4 below. Submit data via the Department of Navy (DON) COVID Tracking Site (<https://portal.secnav.navy.mil/cop/crc/covid/>). Submission of data may be delegated to subordinate echelon three commands. A template excel file is available at the MyNavy Portal site (<https://www.mnp.navy.mil/group/navy-covid-19-reporting>) and shall be used for reporting. The following data is required:

DOD ID Number

UIC

Duty Status (Active Component, Full Time Support, or Selected Reserve)

Paygrade

Navy Region

Fleet Concentration Area

Reporting Command (Commands are binned by Fleet, CNIC, OPNAV, SECNAV)

Vaccination Status

- (1) unvaccinated, refuser
- (2) unvaccinated, vaccination series started but not complete
- (3) unvaccinated, pending medical exemption
- (4) unvaccinated, approved medical exemption
- (5) unvaccinated, pending religious accommodation exemption
- (6) unvaccinated, approved religious exemption
- (7) unvaccinated, has not had access to vaccination due to operational schedule and/or remote location

#### 4. Reporting Timeline

a. All Active Duty Navy service member data shall be reported no earlier than 15 November 2021 and no later than 19 November 2021.

Information should reflect the service member status as of 15 November 2021.

b. All Selected Reserve (SELRES) Navy service member data shall be reported no earlier than 15 December 2021 and no later than 19 December 2021. Information should reflect the service member status as of 15 December 2021.

c. Commands are required to update reporting if there is a change in vaccination status of a service member after the initial report.

5. Additional guidance to commanders regarding separation processes for vaccine refusers will be provided on or about 15 November 2021.

6. Commands shall withhold submitting administrative separation requests until directed by the CCDA.

7. Points of contact (POC). OPNAV POC: CAPT Jason Grizzle, e-mail: ALTN\_N1\_NAVY\_SCR.FCT(AT)NAVY.MIL. BUMED POC: BUMED COVID-19 CRISIS ACTION TEAM, (703) 681-1125, e-mail: USN.NCR.BUMEDFCHVA.MBX.BUMED-- -2019-NCOV-RESPONSE-CELL(AT)MAIL.MIL.

8. Released by VADM John B. Nowell, Jr, Chief of Naval Personnel.//

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